VSH Futures
Peer Support Program Development Workgroup

Meeting Minutes from:
January 16th, 2008
10:00 to 12:30
Hilltop Inn, Berlin

Important Dates:

1. On January 23rd, 2008, a number of the Peer Support Program Development Workgroup members will be meeting in person and by phone to review the workgroup's current recommendations and develop a more detailed proposal to submit to the Transformation Council. This meeting will be from 2:30 – 4:30 pm at Vermont Protection and Advocacy in Montpelier. If you want to join this meeting using your home or office phone, call 877-278-8686 and enter the code 830623 at the start of the meeting on the 23rd. If you need directions to Vermont Protection and Advocacy, contact 802-229-1355.

2. On January 28th, 2008, members of the Peer Support Program Development Workgroup will be participating in a follow-up discussion about its preliminary recommendations at the meeting of the Transformation Council. This meeting will occur from 2 to 4:30 pm in Stanley Hall, Room 100 in Waterbury. All members of the workgroup are invited to attend.

3. On February 13th, 2008, the next full meeting of the Peer Support Program Development Workgroup will occur from 10:00 to 12:30 at the Hilltop Inn in Berlin.

Attendance:

Jean New
Keith Martell
Gregory Burborn
Kitty Gallagher
Heidi Henkel
Steven Morgan
Ed Paquin
Katelin Hoffman
Pamela Corcoran
Catherine Mayo
Elizabeth Parenteau
Xenia Williams
Zachary Hughes
Jeff Rothenberg

Welcome, Introductions, and Updates

--Linda shared details on a new training series called "Forwarding the Recovery Paradigm: People in Recovery Leading the Way." See below for more details. She also commented that several other recovery-related conferences are coming up for the spring, and most of these conferences offer scholarships. If you are interested in attending, you should apply for a scholarship through the conference sponsor. If you are not able to get a scholarship, VPS may be able to help with conference scholarships.

--VPS will be starting up meetings of Statewide Recovery Workgroup again. The first meeting will be on the first Monday of February (Feb. 4th) at the Asa Bloomer Building in Rutland from 10-3pm. Linda hopes to have a meeting in the south and in the north. Part of the meeting will be used to get feedback on how VPS should use its new grant dollars for recovery and peer activities. Part of the meeting will also feature presentations from the local peer-operated projects on what they are doing. For more information, contact Vermont Psychiatric Survivors (VPS)

--Jean shared that Lamoille County Mental Health (LCMH) recently finished a WRAP cycle and that more peer activities are being put into place.

--Keith reported that the development of the St. Albans crisis beds and the current VPS-sponsored support group run by Jim Tomlinson are both going well.

--Linda reported that the WRAP groups being run at VSH and Brattleboro Retreat are going very well with good attendance.

--Xenia let people know that VPS is looking for people who can share their recovery stories at the Wellness Group at VSH. If you are interested in sharing your story and live in or near Washington County, contact VPS about signing up. Xenia warned that anyone going to VSH should expect to go through a metal detector and other types of screening for safety prior to going on the wards.

--The workgroup decided to begin meeting on the second Wednesday of the month for 2008. The next meetings will be February 13th at the Hilltop Inn in Berlin and then March 12th at Vermont Technical College in Randolph at the Langevin House in Room 101.

Follow Up Discussion re: Presentation to Transformation Council

The group had a lengthy discussion of feedback they had heard re: Steve and Xenia's presentation at the November Futures Transformation Council meeting and possible next steps:

--Nick expressed appreciation to Steve and Xenia for their great presentation, and he shared some of the feedback he has heard so far. Several stakeholders, including DMH, are interested in hearing more about the cost of the program in relation to its impact. What type of impact would it have on reducing the need for hospitalization? How many and what type of individuals would it be able to serve, and would this have any effect on the VSH census?
--Nick also commented that some of the funds earmarked for this year could be used to hire a consultant to develop a detailed program description once the workgroup has completed its recommendations.
--Nick added that the Transformation Council will take time at its next meeting to have a follow up discussion of this workgroup's proposal. That meeting is scheduled for January 28th in the afternoon from 2 to 4:30 pm in Stanley Hall, Room 100 in Waterbury.
--Ed would really like to see a program developed that can serve people who may be subject to involuntary medication and have this program offered as an alternative. This would help to move the system away from coercion.
--Steve feels that the peer crisis program as currently envisioned could not meet this goal. The program would need to be more like "Soteria House." It would need to be able to serve people for a longer period (several months) and have access to psychiatry. A short term program (10-14 days) would have a hard time doing this. It would take much greater resources to create and run a program like Soteria House.
--Jean commented that the hospital where she stayed did not involuntarily medicate. For someone who is trying to work through their mental health issues without medication, they might need more than two weeks to do this.
--Xenia commented that the peer crisis program would be available to people who were having a crisis and in need of a supportive environment where they were not encouraged or coerced into taking drugs. Many people who go to VSH get worse because they are forced into accepting treatment they may not want or need. Many people who are going through a crisis are in need of getting more rest, getting good food and having extra support from people. VSH is not able to provide this as its main treatment approach. Medication is heavily relied upon, and one-on-one support is not readily available. The way in which people are treated at VSH can have a negative effect on people's attempt to get better. If people knew they weren't going to get pressured into accepting treatment that they don't find helpful, they would have a better chance of getting better instead of getting worse. The peer crisis program would be the start of the development of a wider range of supports that follow a different model to supporting people. This would be the first step in providing choice in medication vs. coercion. If people felt the need for a longer-term program (e.g. Soteria House), Vermont would eventually find a way to create it.
--Jeff commented that people would like to hear about what the next steps would be in moving this forward. People generally agree that there is a tremendous amount of need for crisis respite. The Futures Crisis Bed Workgroup actually identified a need to have crisis beds in every part of the state. He suggested that perhaps a hybrid of Safe Haven and Home Intervention could be created. He also asked:

- How would the program be connected to the local MH agency and VSH?
- How would the program decide who they could accept?
- How would the program handle liability?

--Heidi stated that there is a need to clarify what the group's goals are. There are two important issues that are interrelated: what type of services are we trying to provide and who are we trying to serve? Can we provide supports to people who are in danger of involuntary medication? Ideally the program should provide a stable place for someone to live while they work out the supports and services they need vs. expecting that the program would solve all of the person's problems.
--Greg commented that, based on his personal experience both as a VSH employee and as someone who has experienced psychiatric hospitalization, VSH needs to changed/replaced, but it cannot be eliminated. About half the people at VSH need to be in a secure program. He supports having intensive psychiatric services in all parts of the state. When you are in need of hospitalization, it is much harder for you and your family to be sent out of your local region to a state hospital in another county. When he was hospitalized, there were many advantages to being in Burlington vs. going down to VSH.
--Kitty believes that other kinds of peer services can provide the long term support someone needs after they leave a short term program like the peer crisis program being discussed. This type of program should be in all parts of the state. She feels a 7 to 14 – day stay is a good amount of time to handle a crisis and get back to your normal routine of support. It is also important to note that Rose House and Stepping Stones do not take individuals who are homeless. In terms of the peer crisis program's relationship with MH agencies, she added that the peer programs she looked at collaborated and connected with MH agencies, but they were not affiliated with any of the MH agencies.
--Re: the issues of risk and safety, Steve commented that the Rose House has only called the police once in 5 years. A peer program like Rose House would represent a culture shift in how crisis is responded to, and this culture shift would reduce the potential for acting out and dangerous behavior. Being in a locked ward with your rights taken away from you can actually increase the potential for violent acts. Speaking from personal experience, he feels that many people who are hospitalized are experiencing a lot of anger, and the environment in the hospital can feed that anger.
--Jeff commented that VSH is focused on people who are in a danger to themselves or others and that the Transformation Council will want to know how this program will affect the census at the hospital. How will this program be the start of new supports that will have a long term effect on VSH census?
--Linda reminded the workgroup that it needs to come to consensus and develop a proposal that everyone agrees with.
--Jeff suggested that the workgroup's proposal follow a simple but clear format: this is what we want, this is how much it will cost, this is what it will do, this is who it will serve.
--Linda asked the group if it could agree that it should hire someone to develop a full program proposal based on what the group has developed so far.
--Xenia motioned that the group vote to use funds available to hire a person to develop a detailed program proposal to have a Vermont version of Rose House. After much discussion, the motion was approved.
--Zack asked how much time it would take to develop the proposal and what the process would look like. He is concerned about how much time we have. The group has been working on these recommendations for a year.

--Steve feels that the group already has a lot of the work completed. The details the group is missing include where it would be and how much it would cost.
--Linda recommends that if a consultant is used, the workgroup be written in as the steering group for the development of the proposal. The workgroup must be careful about maintaining control; otherwise the finished product could look different from what was originally developed in this group.
--Steve wondered if a consultant is even needed. "Could we actually do most of this ourselves?" There are only a small number of "nuts and bolts" details that need to be worked out.
Xenia made a second motion that a meeting should be scheduled between now and the next meeting of the Transformation council meeting to develop complete proposal. This proposal will be communicated to workgroup members prior to the meeting of the Transformation Council meeting for approval by the workgroup members. After some discussion the motion was approved.
_Steve wanted to know if workgroup members could be hired to do the work that a consultant would do instead.
--A member of the workgroup asked how quickly the allocated funds could be used. Nick stated that as soon as a proposal is accepted, the funds can be used.
--Ed suggested that some of the funds be used to create a "business plan" for the crisis program.
--Nick reminded the group that he acts as the staffing support for the workgroup and can do additional tasks to help with the process. He also suggested that the group may want to consider coming up with its best proposal and get a vote from the Transformation Council. If the proposal is accepted, then the workgroup can figure out how to develop the next level of program details (e.g. a business plan).
--A number of the workgroup members will meet on Wednesday, January 23rd at 2:30 pm at the Vermont Protection and Advocacy office in Montpelier to developed a more detailed proposal based on Steve and Xenia's presentation at the last meeting. Members of the workgroup who will work on the proposal include: Jean, Xenia, Katelin, Zack, Ed, Nick, Steve, Catherine, Pam, Keith. People can join the meeting in person or by phone. If you want to join the meeting by phone, call 877-278-8686 and enter the code 830623 when prompted. Steve and Xenia will chair the subgroup and will put together a draft to present at the meeting.
--Nick passed out information on potential consultation and training the Vermont could receive on how to develop a peer specialist program (see below). This will be discussed at the next Recovery Workgroup meeting.
--Steve suggested that for future meetings, Steve and Xenia could present detailed plans and get feedback from the group vs. having a more open-ended, less structured discussion.

Meeting adjourned at 12:30 pm.

Forwarding the Recovery Paradigm: People in Recovery Leading the Way

You and your collegues/staff participate in this training from the comfort of your office or conference room. The savings are significant – one cost can train an entire agency and there is no travel time or expense!

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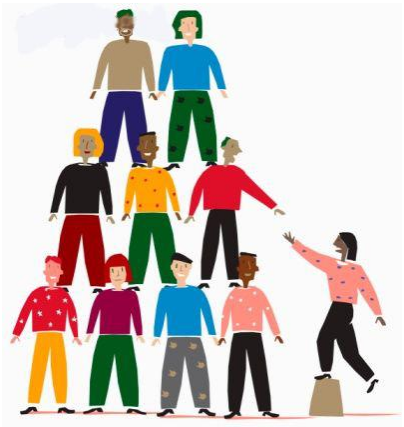
Series Details	**Web Format**
CEUs & Certificate Program	**Pricing**

Following the success of last year's series, USPRA is happy to partner with Magellan again for the 2008 series. Last year's series focused on characteristics and qualities that need to exist on the levels system, program, and practitioner, as well as people receiving services in order for a system to be truly recovery oriented. People in recovery must play an integral role in all aspects of a recovery oriented system. The 2008 series will take an in depth look at the vial contributions that people in recovery provide in assuring a recovery-oriented mental health system. Each session will provide training in how to equip and effectively utilize people in recovery. Two or three individuals will lead each session providing expertise critical information and voices of experience from people in recovery who are leading the way.



Session 1: **Maximizing the Effectiveness of Peer Support Programs-February 20**
Peer support services are an evidence-based mental health model of care. As we applaud increasingly more peer support programs being developed across the country, both funded through Medicaid and other funding streams, standards must be in place to assure quality. This session will provide guidelines for maximizing the effectiveness of peer support programs.

Session 2: **Creating a Supportive Culture: People in Recovery as Colleagues-March 5**
Increasingly, people in recovery are choosing careers as members of the mental health workforce. While many organizations embrace the concept of hiring people in recovery as practitioners, administrators frequently wrestle with how to best utilize experiential knowledge and provide a supportive culture that clarifies performance expectations, provides positive feedback, encourages career growth, provides accommodations and honors the peer culture by adapting policies regarding boundaries.

Session 3: **People in Recovery as Organizational Leaders: Opening the Leadership Door-March 19**
People in recovery are not only becoming leaders and executive directors of consumer operated programs, but are also taking on senior leadership roles at health and human service organizations. This session will address how people in recovery become catalysts for culture and systems change, how nurturing and growing leadership capacities benefits the organization, and practical steps for grooming people positions in administration, program improvement, marketing, and research.

Session 4: **People in Recovery Shaping Mental Health Services-April 2**
This session will explore the many roles in addition to organizational employment where people in recovery are critical to shaping the mental health system to be fully recovery oriented. Find how to support the achievement of meaningful roles for people in recovery rather than token participation. Learn practical

steps for preparing people in recovery to serve on boards, provide community leadership, and advocate for local, regional, state, and national change.

Level of training: intermediate
Web Format: Each speaker will provide a 20-25 minute presentation and the session will conclude with a 20 minute Q&A. If there only two presenters, each speaker will provide a 35 minute presentation followed by a 20 minute Q&A
Certificate Program & CEUs:

- Persons who participate in the full 4 part series are eligible to receive a certificate of completion upon successfully passing a competency exam
- CEUs will be available at an additional fee for persons who attend the four part series
- After registration, the site coordinator will receive instructions for registering for CEUs (CEUs offered: Social Work and CPRP)
- Continuing ed certificates will be mailed 4-6 weeks after the event

Cancellation/refund policy:
Refund requests made one week prior to the event will receive a full refund. Refund requests received 1-7 days prior to the live event will incur a $50 processing fee. Generally, no refunds will be issued for request made after 4:00 PM Eastern time the day prior to the event.

Pricing:
$75 per event or **$275 for full series** for USPRA *organizational* members and *all* registrants from Arizona, Florida, Iowa, Maine, Nebraska, Pennsylvania and Tennessee (state discount sponsored by Magellan Health Services)

$125 per event and **$400 for the full series** for all other registrants

Grievances can be addressed to Ev Bussema, Ed and Training Director at 410-789-7054 or ebussema@uspra.org
Instructions for accommodations- Special consideration requests must be directed to Janet Bradley at 410-789-7054 or jbradley@uspra.org

DBSA Peer-to-Peer Resource Center

The Peer-to-Peer Resource Center trains and certifies people who live with mental illnesses to use their experiences to work with others as Peer Specialists. Our Center works in affiliation with Appalachian Consulting Group, Inc., founders of the Georgia Certified Peer Specialist Project and pioneers of this concept. We use a nationally-developed training curriculum designed by the Center after a review of a wide range of peer provider training materials and curricula. Training focuses on orienting participants to a recovery philosophy, and preparing them to use peer-delivered services to enhance treatment strategies. The curriculum can be tailored to meet specific local needs.

2007 training:

- Access Behavioral Health Consumer Action Council (Pensacola, Florida)
- Partners in Recovery African American faith-based initiative (Chicago, Illinois)
- DBSA national training (Lake Buena Vista, Florida)
- Alabama Department of Mental Health & Mental Retardation (Talladega, Alabama)
- VA Northern Indiana Healthcare System (Marion, Indiana)
- John J. Pershing VA Medical Center (Poplar Bluff, Missouri)
- VISN 12 Department of Veterans Affairs (Wisconsin/northern Illinois)

2006 training:

- Center for Health Studies/Group Health Cooperative, in collaboration with a grant from the National Institute of Mental Health (NIMH) (Seattle, Washington)
- VISN 22 Department of Veterans Affairs Desert Pacific Mental Illness Research, Education, and Clinical Center (MIRECC), in collaboration with a grant from the VA Health Services Research and Development Service (Los Angeles, California)

2005 training:

- VISN 17 Department of Veterans Affairs (South, Central and North Texas facilities), Center for Health Care Services, Heart of Texas MHMR, and MHMR of Tarrant County (Waco, Texas)
- Illinois Department of Human Services/Divisions of Mental Health and Rehabilitation Services (Peoria and Chicago, Illinois)
- Access Behavioral Health Consumer Action Council (Pensacola, Florida)

2004 training:

- National Peer Specialist pilot training and certification (funded under a cooperative agreement with the Center for Mental Health Services/CMHS, Substance Abuse and Mental Health Services Administration/SAMHSA) (Decatur, Georgia)

DBSA Peer Specialist Training Curriculum

- Sample -

1. Welcome and introductions
2. Overview of training
3. State system information (co-presented with local speakers)
4. Five stages in the recovery process: overview
5. Role of peer support in the recovery process
6. Five stages in the recovery process: dangers
7. Your recovery story as a recovery tool
8. Creating program environments that promote recovery
9. Creating relationships that promote recovery
10. Impact of diagnosis on self-image
11. Beliefs that promote and support recovery
12. Effective listening and the art of asking questions (Parts 1-3)
13. Dissatisfaction as an avenue for change
14. Facing one's fears
15. Combating negative self-talk
16. Problem solving with individuals
17. Facilitating Recovery Dialogues
18. Cultural competency
19. Power, conflict and integrity in the workplace (Parts 1-2)
20. Peer Specialist ethics (Parts 1-2)
21. Five stages in the recovery process: interventions
22. Creating the life one wants
23. Preparing for the examination
24. Final reflections, evaluation and closing celebration